



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/339,265
		Filing Date	June 23, 1999
		First Named Inventor	Victor Lortz
		Art Unit	2157
		Examiner Name	Saleh Najjar
Total Number of Pages in This Submission	29	Attorney Docket Number	42390P5671

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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SEP 02 2004

Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark C. Van Ness, Reg. No. 39,865 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 27, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Gayle M. Bekish		
Signature		Date	August 27, 2004

Based on PTO/SB/21 (04-04) as modified by Blakey, Sobkoff, Taylor & Zafman (wir) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
950.00

Complete if Known

Application Number	09/339,265
Filing Date	June 23, 1999
First Named Inventor	Victor Lortz
Examiner Name	Saleh Najjar
Art Unit	2157
Attorney Docket No.	42390P567

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account

Deposit Account Number
02-2666

Deposit Account Name
Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		950.00	

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		- 68** =	X	=
		9 =	X	=

Multiple Dependent

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	66	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple Dependent claim, if not paid	
1204	66	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)		950.00	

**or number previously paid, if greater. For Reissues, see below

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

950.00

Complete (if applicable)

Name (Print/Type)	Mark C. Van Ness	Registration No. (Attorney/Agent)	39,865	Telephone	(503) 439-8778
Signature				Date	08/27/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wfr) 02/10/2004.
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